



SME INSTRUCTOR APPLICATION

To the SME Instructor Applicant: This form shall be completed by each individual nominated as a member of an AZ POST Subject Matter Expert (SME) Instructor in the following areas:

- General Instructor
- Defensive Tactics / Impact Weapons
- Firearms
- Physical Conditioning
- Tactical Driving
- High Risk Vehicles Stops
- First Aid

The applicant must have the endorsement of his/her agency head (academy commander if being nominated to represent an academy). Please complete all blocks with the desired information. Use "NA" if appropriate. Completed applications shall be submitted to AZ POST, along with a recent resume. The applicant will be notified in writing of his/her status.

Last Name: _____ First Name: _____ MI: _____ Last 4 of Social Security #: _____

Agency / Academy _____ Phone Number: _____

Address: _____ Mailing address: _____
 (if different) _____

Basic Instructor Certifications Held (check **all** that apply) _____ Email address: _____

- | | | | | | | | |
|--------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> AZ POST General Instructor | <input type="checkbox"/> AZ POST Defensive Tactics Instructor | <input type="checkbox"/> PPCT Instructor | <input type="checkbox"/> AZ POST Impact Weapons Instructor | <input type="checkbox"/> Monadnock PR 24 Instructor | <input type="checkbox"/> AZ POST Firearms Instructors | <input type="checkbox"/> NRA Firearms Instructor | <input type="checkbox"/> NRA Semi-Auto Instructor |
| <input type="checkbox"/> Firearms Simulator Instructor | <input type="checkbox"/> AZ POST Tactical Driver Instructor. | <input type="checkbox"/> AZ POST High Risk Vehicle Stop Instructor | <input type="checkbox"/> AZ POST Physical Fitness Instructor | <input type="checkbox"/> Cooper's Institute Fitness Instructor | <input type="checkbox"/> American Red Cross First Aid Instructor | <input type="checkbox"/> American Red Cross CPR Instructor | <input type="checkbox"/> American Heart Association CPR Instructor |

Other (Please specify) _____

INSTRUCTOR APPLICATION

SME Instructor Applied for (check only one)

- | | | | |
|-----------------------------------------------------|----------------------------------------------------|---------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> AZ POST General Instructor | <input type="checkbox"/> AZ POST Defensive Tactics | <input type="checkbox"/> AZ POST Tactical Driving | <input type="checkbox"/> AZ POST Firearms |
| <input type="checkbox"/> AZ POST Physical Fitness | <input type="checkbox"/> AZ POST High Risk Stops | <input type="checkbox"/> AZ POST First Aid | |

Date Received by AZ POST	Staff Assigned
Date Referred to SME Group	SME Committee Chairman
Date of Final Action	AZ POST Training Projects Manager (type or print)
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature

AGENCY / ACADEMY ENDORSEMENT

As the chief executive officer or designee of the aforementioned agency or academy, I certify that the applicant has requested and been granted permission to apply to be an AZ POST SME Instructor. I understand that if selected and approved as an SME Instructor, the applicant may be requested to assist in future AZ POST instructor schools as may be appropriate. This individual is recommended as someone capable of functioning in the capacity of a subject matter expert.

Name (type or print)

Title

Signature

Date

SME COMMITTEE EVALUATION

Instructions to SME Evaluator: A member of the applicable SME committee shall oversee this portion of the certification process and evaluate the applicant as indicated below. The SME evaluator shall record all scores and critiques on this form and attach original copies of any written and/or practical examinations. Please use "NA" if appropriate. Completed forms shall be returned to AZ POST for final review and approval.

1. SME Bio / Resume Attached to application ?

Yes (Continue to #2)

No (Return to AZ POST)

2. Written Comments ...

Written Test Score: % Pass Fail NA

Practical Examination: Pass Fail NA

Classroom Instruction: Pass Fail NA

3. Does Applicant meet minimum qualifications ?

Yes

No

AZ POST SME Chairperson (type or print)

Date Returned to AZ POST

Signature

Recommended as SME

Not Recommended

4. Written Test Comments:

5. Practical Examination Comments:

6. Classroom Instruction Comments:

Please include the following with your Resume:

Name

Address

Personal Information (rank)

Hire Date

Years of Service

Previous Law Enforcement Service

Certifications

Instructor Certifications

Instructor Experience

Any additional information you want the SME Chairperson and Committee to know.